



PTO/SB/01 (08-03)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

 Declaration Submitted With Initial Filing

OR

 Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	P06547US1
First Named Inventor	Brien E. PIERPONT, et al.
COMPLETE IF KNOWN	
Application Number	10/773,925
Filing Date	February 6, 2004
Art Unit	3763
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ANGIOPLASTY METHOD AND MEANS FOR PERFORMING ANGIOPLASTY

(Title of the Invention)

the specification of which

 is attached hereto

OR

was filed on (MM/DD/YYYY) 02/06/2004 as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number: OR Correspondence address below

Name

Address

City State ZIP

Country Telephone Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name Family Name
(first and middle [if any]) or Surname
BRIEN E. PIERPONT

Inventor's Signature  Date 

Residence: City State Country Citizenship
St. Petersburg Florida US US

Mailing Address
2028 Brightwaters Blvd.

City State ZIP Country
St. Petersburg Florida 33704 US

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name Family Name
(first and middle [if any]) or Surname
JAMES A. COYLE

Inventor's Signature Date

Residence: City State Country Citizenship
Somerville Massachusetts US IRELAND

Mailing Address
430 Broadway, Apt. 2

City State ZIP Country
Somerville Massachusetts 02145 US

Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.



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NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Family Name or Surname

Inventor's Signature Date

Residence: City State Country Citizenship

Mailing Address

City State ZIP Country

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Family Name or Surname

Inventor's Signature Date

Residence: City State Country Citizenship

Mailing Address

City State ZIP Country

Additional Inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.



PTO/SB/81 (09-03)

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

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First Named Inventor	Brien E. PIERPONT, et al.
Title	ANGIOPLASTY METHOD AND MEANS..
Art Unit	3763
Examiner Name	
Attorney Docket Number	P06547US1

I hereby appoint:

 Practitioners associated with the Customer Number:

34082

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

 The address associated with Customer Number:

OR

<input type="checkbox"/>	Firm or Individual Name				
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	James A. COYLE		
Signature	<i>J. A. Coyle</i>		
Date	<i>May 19th 2004</i>	Telephone	<i>857 919 0410</i>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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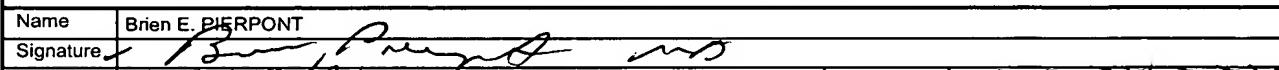
OR

<input type="checkbox"/>	Firm or Individual Name
Address	
Address	
City	State
Country	Zip
Telephone	Fax

I am the:

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Brien E. PIERPONT
Signature	
Date	✓ 3/19/04
Telephone	✓ 703-321-7721

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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